



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

Application for Certificate of Birth Resulting in Stillbirth

Date: _____

Number of Copies _____
Enclose \$15.00 for first copy and
\$5.00 for each additional copy.

Full Name of Stillborn (if named): _____
First Middle Last

Date of Stillbirth: _____ State File #: _____
Month Day Year (if known or applicable)

Place of Stillbirth _____
City County State

Name of Hospital (if delivered in hospital): _____

Name of Mother: _____
First Middle Maiden Surname

Name of Father: _____
First Middle Last

Signature of Mother or Father Making Request: _____
Requirement: A Government Issued ID with Signature

Telephone Number where you may be reached: _____ ()
(if needed for additional information)

If the request is for a certificate of birth resulting in stillbirth for which the Tennessee Vital Records has no record, the parent is responsible for providing documentation of the event that may be proved by the notarized statement of the physician in attendance, birthing institution, nurse-midwife or other knowledgeable informant.

A fee of \$15.00 is charged for the search of the records even if no record is found, and includes one copy if the record is filed in this Office. If the certificate of birth resulting in stillbirth is not found with the date of stillbirth you provide, a search will be made in the records for the year before and the year after the date indicated. This search is routine and is included in the \$15.00 fee. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.

PH-4107

FILL OUT BELOW - - - DO NOT DETACH

PRINT name and address of person to whom the copy is to be mailed.

SEND TO:

Name

Tennessee Vital Records
710 James Robertson Parkway
1st Floor, Andrew Johnson Tower.
Nashville, TN 37243

Address or Route

City State Zip Code